PATENT APPLICATION . EE DETERMINATION RECOR								oplication or Docket Number					
								09/	937	018	. :		
		Enective Oct	ober 1, 2	000				- • •			CÓP)	,	
CLAIMS AS FILED - PART I							SMALL				R THAN	7	
TOTAL CL	MS	(Colu	(Column 1)		(Column 2)		TYPE [		OR	SMALL	ENTITY		
		<u> </u>					RATE	FEE	]	RATE	FEE		
FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC FE	₹ 355.00	OR	BASIC FE	710.00		
TOTAL CHA	RGEABLE CLA	IMS 2			• _		X\$ 9=		OR	X\$18=		1.	
INDEPENDE	NT CLAIMS	2	Z minus 3 =		· –		∶X40=	1	1	X80=	<b> </b>	<u> </u>	
MULTIPLE D	EPENDENT CL	AIM PRESENT	RESENT		- 0			<del> </del>	OR			-	
* If the difference in column 1 is less than zero, enter "0" in column 2							+135=	·	OR	+270=			
	•	•			countil 2	•	. TOTAL		OR	TOTAL	8600	P	
	CLAINIS (Colum	AS AMENDE	D - PAR (Colum		(Column 3)	•	SMALL	ENTITY	OR	OTHER	THAN		
< I	CLAIN REMAIN	ls·	, HIGH	EST		1 1	OMALL	ADDI-	7 : I	SINALL	ADDI-	1	
	AFTE	A .	PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL		
Total	· 47	Mińus:	- 2		= 22	lł	V¢ o	FEE	1 1	Vara	FEE		
Total Independ	ent • 1	Minus	1 2		= 20		X\$ 9=	·	OR	X\$18=	360m		
FIRST PI	RESENTATION	OF MULTIPLE D	EPENDENT	CLAIM	1/		X40=		OR	·X80=	86.00		
						۱ ا	+135=		OR	+270=			
:	• • • • • •	1	•			. <b>L</b>	TOTAL ODIT, FEE		OR.	TOTAL ODIT. FEE	446	2000	
	(Columi		(Colum		(Column 3)		WD11. F CE			OUII. FEE	:		
o -	CLAIM REMAIN	NG EXAMPLE	NOWE HIGHE		PRESENT	lΓ		ADDI-	· [		ADDI-	İ	
	AFTEI AMENDM	ENT ENT	PREVIO PAID F		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	, .	
Total	•	Minus	**		<b>e</b>		X\$ 9=	. •	OR	X\$18=	1 505		
Total Independ		Minus	***		=	lŀ	X40=			X80=			
FIRST PR	ESENTATION (	OF MULTIPLE DE	PENDENT	CLAIM		╽┠			OR			:	
		:	• ••		•	Ŀ	+135=		OR	+270=*	• •		
					·.	A	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE		٠.	
	(Column		(Colum		(Column 3)						•		
2	CLAIM REMAIN)	NG P	HIGHE	ER ·	PRESENT	Γ		ADDI-	Γ		ADDI-		
Total Independent	AFTER AMENDM		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	Ī	
Total	•	Minus	••		=	ŀГ	X\$ 9= .	,	OR	X\$18=			
Independe	<u> </u>	Minus	***.		=		X40=		`	X80=	·	٠,	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								7.	OR	VOA± "			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3:						L	+135=		OR	+270≃			
" If the "Higher	st Number Préviou	isty Paid For" IN Th	HIS SPACE IS	less that	n 20. enter "20."	. —	TOTAL DOTT. FEE		OR A	TOTAL DDIT, FEE			
The "Highest	Rumber Previous	sly Paid For IN Ti ly Paid For (Total	HIS SPACE IS or Independer	erti eset erti ei (tr	n 3, enter "3." highest number			ropriate box	٠.				
					-				1000		a de la companya de La companya de la co		